

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013040

STATE FILE NUMBER

FILED MAY 4 1959		Registration District No. 132		Primary Registration District No. 3021		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPICKARD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COLLERS HOSPITAL		Length of stay in lb		d. STREET ADDRESS (If outside, give location) WASHINGTON TOWNSHIP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD MONROE BALL				4. DATE OF DEATH Month Day Year APRIL - 15 - 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE - 12 - 1871	9. AGE (In years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GRUNDY CO. MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN BALL				14. MOTHER'S MAIDEN NAME LUCETTA HARTSHORN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address NORA BALL SPICKARD MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pericardial Pneumonia about 24 hrs. DUE TO (b) Fracture through the Great Trochanter of femur DUE TO (c) Due to a fall in the home PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 9030 50							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fumbled and fell at home					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. Apr. 9 - 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home - Rural -					
20f. CITY, TOWN, OR LOCATION COUNTY STATE 040		21. I attended the deceased from April 9, 1959 to April 15, 1959 and last saw him alive on April 15, 1959. Death occurred at 6:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. H. Culbertson M.D.		22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 4-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-18-1959		23c. NAME OF CEMETERY OR CREMATORY WILD CEMETERY		23d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME SPICKARD MO.		25. DATE RECD. BY LOCAL REG. 4-18-59		26. REGISTRAR'S SIGNATURE He nee Fair			

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Coroner cannot certify to a death due to natural causes.

Disorders in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Ross Wise*

Licensed Embalmer No. *37*

P. O. Address *Spickard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.